

AMENDED IN ASSEMBLY APRIL 29, 2003

AMENDED IN ASSEMBLY APRIL 21, 2003

CALIFORNIA LEGISLATURE—2003–04 REGULAR SESSION

## **ASSEMBLY BILL**

**No. 766**

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**Introduced by Assembly Member Longville**

February 19, 2003

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An act to add and repeal Section 49452.6 of the Education Code, relating to pupil health.

### LEGISLATIVE COUNSEL'S DIGEST

AB 766, as amended, Longville. Type 2 diabetes mellitus: pupil screening.

Existing law requires the governing boards of school districts to provide a scoliosis screening of every female pupil in grade 7 and every male pupil in grade 8, in accordance with specified guidelines.

This bill would establish a 3-year pilot program whereby the State Department of Education would be required to select one school district each from Kern County, Orange County, and San Bernardino County to participate in the program and would require those participating school districts, in conjunction with the scoliosis screening, to screen pupils for the risk of developing type 2 diabetes mellitus. The bill would specify individuals who may perform and supervise the screenings, and would prescribe procedures for the screening process. The bill would provide for parent or guardian notification of any pupil suspected of being at elevated risk of developing type 2 diabetes mellitus, as described in the bill.

The bill would repeal the pilot program on January 1, 2008, and would prescribe other, related matters.

By imposing new duties on school districts, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement, including the creation of a State Mandates Claims Fund to pay the costs of mandates that do not exceed \$1,000,000 statewide and other procedures for claims whose statewide costs exceed \$1,000,000.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to these statutory provisions.

Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

*The people of the State of California do enact as follows:*

1 SECTION 1. The Legislature finds and declares all of the  
2 following:

3 (a) Middle school pupils with obesity, acanthosis nigricans,  
4 ethnicity, and a family history of type 2 diabetes mellitus (DM2)  
5 have metabolic abnormalities consistent with the insulin  
6 resistance syndrome and are therefore at risk of developing DM2.

7 (b) Inexpensive, noninvasive clinical screening of pupils at  
8 school can provide early detection and identification of pupils at  
9 risk for DM2.

10 SEC. 2. Section 49452.6 is added to the Education Code, to  
11 read:

12 49452.6. (a) A three-year pilot program is hereby  
13 established, whereby the State Department of Education shall  
14 select one school district each from Kern County, Orange County,  
15 and San Bernardino County to participate in the program. The  
16 department shall require those three school districts, in  
17 conjunction with the scoliosis screening performed pursuant to  
18 Section 49452.5, and subject to Section 49451 and in addition to  
19 the physical examinations required pursuant to Sections 100275,  
20 124035, and 124090 of the Health and Safety Code, provide for the

1 screening of every female pupil in grade 7 and every male pupil  
2 in grade 8 for the risk of developing type 2 diabetes mellitus. In  
3 selecting the particular school district within each of the three  
4 counties that will be selected to participate in the pilot program, the  
5 State Department of Education shall attempt to select the school  
6 district whose pupil population has the highest risk of developing  
7 type 2 diabetes mellitus. The screening shall be in accord with  
8 standards and procedures developed by the State Department of  
9 Education in conjunction with the State Department of Health  
10 Services' Diabetes Control Program, and adopted as regulations  
11 by the State Board of Education. The screening shall be performed  
12 and supervised only by qualified supervisors of health as specified  
13 in Sections 44871 to 44878, inclusive, and Sections 49422 and  
14 49452.5, or pursuant to contract with an agency authorized to  
15 perform these services by the county superintendent of schools of  
16 the county in which the district is located pursuant to Sections  
17 1750 to 1754, inclusive, and Section 49402, Section 101425 of the  
18 Health and Safety Code, and guidelines established by the State  
19 Board of Education.

20 (b) The screening process shall be noninvasive and shall  
21 include, but shall not be limited to, the following:

22 (1) Measuring the height and weight of the pupil to calculate  
23 the pupil's body mass index.

24 (2) Examining the pupil's neck for acanthosis nigricans, a dark  
25 pigmentation that may indicate a high insulin level.

26 (3) Documenting the pupil's ethnicity, based on existing school  
27 records. Ethnicities that have the highest risk of developing type  
28 2 diabetes mellitus include Latino, African American, Asian,  
29 American Indian, and Pacific Islander.

30 (4) Considering whether the pupil's existing health records  
31 indicate a family history of type 2 diabetes mellitus.

32 (c) In-service training shall be conducted by appropriately  
33 licensed health care providers acting within the scope of their  
34 practice who have received specialized training in screening for  
35 the risk of developing type 2 diabetes mellitus.

36 (d) No person screening pupils for the risk of type 2 diabetes  
37 mellitus pursuant to this section shall solicit, encourage, or advise  
38 treatment or consultation by that person, or any entity in which that  
39 person has a financial interest, for the risk of type 2 diabetes

1 mellitus or any other condition discovered in the course of the  
2 screening.

3 (e) The State Department of Health Services' Diabetes Control  
4 Program shall select and review all educational and notification  
5 materials to be sent to the parent or guardian of any pupil suspected  
6 of being at risk for developing type 2 diabetes mellitus. Each  
7 participating school district shall provide for the notification of the  
8 parent or guardian of any pupil suspected of being at elevated risk  
9 of developing type 2 diabetes mellitus, and the notification shall  
10 be provided by mail. The notification shall be culturally and  
11 linguistically appropriate, and shall include an explanation of the  
12 meaning of being at elevated risk of developing type 2 diabetes  
13 mellitus, the significance of exercise and weight control in  
14 preventing the development of it, information on aspects of the  
15 school environment that may contribute to obesity or type 2  
16 diabetes, information on Medi-Cal, the Healthy Families  
17 Program, the Child Health and Disability Prevention Program, and  
18 other public services available for helping with prevention, and  
19 referrals for the pupil and the pupil's parent or guardian to  
20 appropriate community resources, which shall be provided  
21 pursuant to Sections 49426 and 49456. The State Department of  
22 Health Services' Diabetes Control Program shall identify and  
23 distribute to the State Department of Education information for  
24 parents on where health assessments and health care, including  
25 free and low-cost, may be obtained in communities across the  
26 state.

27 (f) A pupil shall be considered at elevated risk of developing  
28 type 2 diabetes mellitus if the pupil's body mass index is above 85  
29 percent and the screening process conducted pursuant to  
30 subdivision (b) indicates that the pupil also meets one of the risk  
31 factors described in paragraphs (2) to (4), inclusive, of that  
32 subdivision.

33 (g) No action of any kind in any court of competent jurisdiction  
34 may be filed against any individual authorized by this section to  
35 supervise or give a screening, by virtue of this section.

36 (h) It is the intent of the Legislature that no participating  
37 healing arts licentiate use the screening program for the generation  
38 of referrals or for his or her financial benefit. The Legislature does  
39 not intend to deny or limit the freedom of choice in the selection



1 of an appropriate health care provider for treatment or  
2 consultation.

3 (i) Each school district that participates in the pilot program  
4 conducted pursuant to this section shall report to the Legislature  
5 and the Governor by no later than June 30, 2006, regarding its  
6 ~~findings concerning the extent to which the pupil population~~  
7 ~~served by that school district is at risk of developing type 2 diabetes~~  
8 ~~mellitus; all of the following:~~

9 (1) *Its findings concerning the extent to which the pupil*  
10 *population served by that school district is at risk of developing*  
11 *type 2 diabetes mellitus.*

12 (2) *How the data reported in paragraph (1) compare to*  
13 *previous assumptions about the extent to which the pupil*  
14 *population served by that school district is at risk of developing*  
15 *type 2 diabetes mellitus.*

16 (3) *Data on whether parents or guardians of pupils suspected*  
17 *of being at risk for developing type 2 diabetes mellitus sought*  
18 *health care intervention as a result of the notification specified in*  
19 *subdivision (e).*

20 (j) This section shall remain in effect only until January 1,  
21 2008, and as of that date is repealed, unless a later enacted statute,  
22 that is enacted before January 1, 2008, deletes or extends that date.

23 SEC. 3. Notwithstanding Section 17610 of the Government  
24 Code, if the Commission on State Mandates determines that this  
25 act contains costs mandated by the state, reimbursement to local  
26 agencies and school districts for those costs shall be made pursuant  
27 to Part 7 (commencing with Section 17500) of Division 4 of Title  
28 2 of the Government Code. If the statewide cost of the claim for  
29 reimbursement does not exceed one million dollars (\$1,000,000),  
30 reimbursement shall be made from the State Mandates Claims  
31 Fund.